

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>5/19/98</u>		2 Serial/Patent # <u>081951754</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input checked="" type="checkbox"/>	Extension of Time		\$ 950.00
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
<div style="transform: rotate(-90deg); font-weight: bold; font-size: 2em;">COMPLETED</div>		7 TOTAL AMOUNT OF REFUND	
		\$ 950.00	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 1 9 -- 2 3 8 0 </div>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Deborah Pollard</u>		TITLE: <u>LIE</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>703-305-8455</u>	
OFFICE: _____			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: